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ABSTRACT

When deciding to report cases of child abuse, Mental Health Providers (MHPs) must confront legal mandates, concerns for client welfare, and a series of systemic and ethical issues. All 51 jurisdictions in the United States require MHPs to report suspected or known child abuse to appropriate authorities, with criminal penalties for noncompliance. However, research suggests mandatory reporting laws are not universally obeyed. This study examined the child abuse reporting tendencies of MHPs. The Crenshaw Abuse Reporting Survey (CARS) was given to 452 Kansas MHPs. Discriminant analysis and chi-square statistics yielded the following results: (1) knowledge of reporting laws was greater than in previous studies and nearly uniform across respondents; (2) MHPs are supportive of reporting laws, though the majority expressed at least some reservations over the laws; (3) the propensity to report a known physical abuse scenario had increased significantly since previous studies, but was still not uniform across respondents; (4) the propensity to report differed across MHP profession and gender; (5) the majority of MHPs tended not to forewarn clients of the limits of confidentiality until they suspected abuse; (6) a hierarchy of abuse reporting emerged with a scenario of known sexual abuse most often reported, followed by known physical abuse, suspected sexual abuse and emotional abuse; and (7) reporting tendencies were predicted with 81-92 percent accuracy based on a composite of decisional items. A list of 22 references is included and 16 data tables are attached. (Author/LLL)

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Mental Health Providers and Child Abuse: An Analysis of the Decision to Report

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RUNNING HEAD: The Decision To Report Child Abuse

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Mental Health Providers and Child Abuse: An Analysis of the Decision to Report

Date submitted: Wednesday, October 30, 1991

RUNNING HEAD: The Decision To Report Child Abuse

Abstract

This study examined the child abuse reporting tendencies of Mental Health Providers (MHPs). The Crenshaw Abuse Reporting Survey (CARS; Crenshaw, 1990) was given to 452 to Kansas MHPs. Discriminant analyses and chi-square statistics yielded the following results: (a) knowledge of reporting laws was greater than in previous studies and nearly uniform across respondents; (b) MHPs are supportive of reporting laws, though the majority express at least "some reservations" over the laws; (c) propensity to report a known physical abuse scenario had increased significantly since previous studies, but was still not uniform across respondents; (d) propensity to report differed across MHP profession and gender; (e) the majority of MHPs tended not to forewarn clients of the limits of confidentiality until they suspected abuse; (f) a hierarchy of abuse reporting emerged with a scenario of known sexual abuse most often reported, followed by known physical abuse, suspected sexual abuse and emotional abuse; (g) reporting tendencies were predicted with 81% to 92% accuracy based on a composite of decisional items.

Mental Health Providers and Child Abuse: An Analysis of the Decision to Report

In deciding to report cases of child abuse, Mental Health Providers (MHPs) must confront legal mandates, concerns for client welfare, and a series of systemic and ethical issues. All 51 jurisdictions in the United States require MHPs to report suspected or known child abuse to appropriate authorities, with criminal penalties for noncompliance (National Center on Child Abuse and Neglect, 1979). In Kansas, K.S.A. 38-1522 makes non-reporting a misdemeanor crime. However, much commentary and a growing body of empirical research suggest that such mandatory reporting laws are not universally obeyed. According to most authors (Butz, 1985; Kalichman, Craig, & Follingstad, 1990; Kim, 1986; McPherson & Garcia, 1983; Serrano & Gunzburger, 1983; Swoboda, Elwork, Sales & Levine, 1978), variability in reporting reflects what and how individual practitioners think about reporting and how they arrange their own hierarchy of priorities.

Commentary on Mandatory Reporting

While agreeing that reporting laws evolved out of a genuine concern for the victim, Serrano and Gunzburger (1981) contend that clinical, medical and social services cannot possibly meet the demand of full reporting. Furthermore, they argue that the complexities inherent to the treatment of incest are beyond the capabilities of most social service and law enforcement agencies. The authors conclude with the statement that "...a direct, honest and straightforward presentation of our role as healing/supporting agents rather than persecutors or detectives goes a long way" (p. 148).

Butz (1985) contends that reporting laws may threaten the client-counselor relationship, and that the only aspect of reporting which is ethical is compliance with the law. Beyond that "...a report constitutes an invasion of the confidential aspect of the counseling relationship....whether the client is the abusive parent or abused child" (p. 84). Butz notes that a botched investigation may result in a retaliatory parent who increases the abusive behavior beyond the pre-report level. Conversely, he notes that a practitioner who does not report may be liable for malpractice if should the child were to suffer further injury. Lastly, Butz describes three reporting "paradoxes" (our term): (a) abusive parents will probably not seek therapy if they know they will be reported, (b) if already in therapy, abusive parents will be unlikely to disclose if confronted with mandatory reporting, and (c) the therapeutic rapport which led to the disclosure is likely to be damaged by the report and ensuing legal involvement.

Forewarning Practices. Since confidentiality is central to therapy, and reporting is a sanctioned limitation of that confidentiality, it is important to examine the way in which MHPs explain reporting and the limits on confidentiality to their clients. This has generally become known as "forewarning" or "prewarning" the client, and has been discussed explicitly in two previous articles.

Faustman and Miller (1987) note that forewarning serves two primary functions: (a) prevention of the therapist getting into an "uncomfortable role" of breaking confidentiality that was assumed by the client to be unbreakable and (b) invoking issues of informed consent, allowing the client a full understanding of the ramifications of any disclosures they might make. However, the authors

express concern that forewarning will decrease the incidence of disclosure, even going so far as to suggest that by forewarning "clinicians may be partially subverting the intent and effectiveness of an important law designed to aid children" (p. 196). Despite their attempt to present both sides of this issue, there is little question that these authors do not support the practice of forewarning clients. This is especially apparent in their closing sentence, "By prewarning clients...clinicians may not only be circumventing the intent of reporting laws and dangerousness exceptions, but they may be contributing to a lack of detection or protection of innocent victims" (p. 198).

Racusin and Felsman (1986) offer a different view, arguing that MHPs and other professionals are ethically obligated to inform parents when their suspicions of abuse may lead to a report. The authors note that "when a certain threshold of suspicion has been reached, it becomes deceptive not to inform parents", and that such deception by omission violates a "moral rule" (p. 485). The authors also argue that failing to forewarn also undermines therapeutic work while informing parents shows empathy and enhances the possibilities for more effective intervention even after reporting has taken place. The authors conclude that informing parents is both ethically responsible and clinically sensible in most cases. However, this issue of "informing" is different from one of "forewarning". Forewarning is by definition a practice which must come before the suspicion of abuse has surfaced in the mind of the MHP. To wait until the "threshold of suspicion" is reached and then reveal that a report must be made is simply informing a client of an irreversible outcome, instead of forewarning them of a potentiality.

Research on Mandatory Reporting

Until very recently research on the reporting tendencies of MHPs was sparse but generally supportive of a "minimal reporting hypothesis" (the hypothesis that mental health providers underreport child abuse). To determine the level of compliance with reporting laws in Nebraska, Swoboda et al. (1978) surveyed 88 MHPs including 22 psychiatrists, 31 doctoral level psychologists, and 35 masters level social workers. The first section of the questionnaire asked whether respondents were familiar with the Nebraska statue on reporting, printed on the same page. Thirty-two percent of psychologists reported unfamiliarity with the law as did 18% of psychiatrists and 3% of social workers. In the next section of the instrument, the following ethical dilemma was presented:

> A family presents itself for treatment at an agency. The family consists of...a mother, father, daughter, and son--plus an older son and daughter who are out of the home. They are self referred; the presenting problem is lack of communication and cohesiveness....After four sessions, it is disclosed that physical abuse is occurring and in fact, has occurred in this family since the eldest son was a small child. This has been a well-guarded secret until now and has never been reported due to the family's extreme fear of the father. The family...has worked hard in therapy; the members seem motivated to and have indicated a desire to continue the therapy. (Swoboda et al., 1978, p. 452-453)

The respondents were then asked whether they would or would not report this hypothetical case. Of those who responded to this item, 87% of the

psychologists, 63% of the psychiatrists, and 50% of the social workers said they would not report the case to the authorities as prescribed by law. Swoboda et al. (1978) suggest (without empirical support) that this reluctance to report may result from concerns over "...infringing on the rights of the client, fear of legal involvement, fear of retaliation from the client, and the egotistical inability to call in outside intervention" (p. 455). Similarly, Pollak and Levy (1989) suggest reporting failures may be related to the therapist's perception that reporting represents "an unnecessary instrusion on the professional's autonomy, and an indictment of competence" (p. 518)

A replication and extention of this study was conducted by Muehleman and Kimmons (1981). Of a sample of 39 psychologists given the same dilemma, only 46% said they would automatically report the abuse. When asked about the priorities used in deciding on reporting, 61% ranked "the child's life" as their first priority, while 31% said "the law." While no one ranked "confidentiality" first; ost placed it second. "The law" was most often ranked third. It is important to note that despite references made to the measurement of "level of reporting," neither Muehleman and Kimmons (1981) nor Swoboda et al. (1978) should be construed as representing actual reporting behavior. Instead, the dilemma presentation method used previously (and in the present article) is an approximation of a therapist's propensity to report, given the particular scenario described.

From these figures, we might assume that as many as half of all MHPs do not automatically report a disclosed case of physical child abuse. However, several limitations present in these studies raise doubts about their

generalizability today. First of all, both studies lacked sufficient sample sizes to make solid inferences about the general knowledge of reporting laws and actual reporting tendencies. Second, it is not clear whether the low level of reporting in these studies represented simple ignorance of reporting mandates, or as suggested by Muehleman and Kimmons (1981), an intentional dissent from the law, perceived as conflicting with a "greater good" for the client. Furthermore, neither study examined reporting tendencies in cases of suspected abuse or known emotional or sexual abuse and how these might be differentially perceived and reported. Finally, both studies are now over ten years old, and the acceptance and knowledge of reporting laws may be significantly greater than in the past.

Having lived for ten years with reporting laws, and an increased awareness of child abuse, practitioners could be expected to be more familiar with these issues. Evidence for this is found in The Study of National Incidence and Prevalence of Child Abuse (National Center on Child Abuse and Neglect, 1988), which used statistics on actual reports made to child protective services to examine the reporting level of MHPs. In this research it was found that the sheer number of reports coming from mental health agencies had increased from 31% in 1980 to 56% in 1988. Unfortunately, the researchers were uncertain of whether this represented true increases in reporting, or artifacts inherent to methodology.

Most recently, Kalichman et al. (1990) investigated of the responsibility assigned by psychologists to various members of abusive families. The authors posed a scenario describing a case of sexual abuse followed by one item

measuring reporting tendency and one measuring the level of confidence that abuse was actually occurring. Although the procedure and data analysis addressed issues that do not pertain to the present study, two findings are of importance. Of the 295 psychologists surveyed, 24% "indicated that they would not tend to report the case of suspected abuse" (p. 75). The greatest predictor of reporting tendency was the respondent's level of confidence that the abuse was actually occurring. However, this issue accounted for only 17% of the variance of reporting tendency, leaving open the question of what other issues impact the decision to report or not report a case of abuse. Kalichman et al. suggest these may include concerns over confidentiality, treatment disruptions, and case specificities, and that greater reporting rates may come through revisions of reporting laws and better training for mandated reporters. The authors go on to suggest further research "on these factors and how they may interact to predict professionals' decision to report" (p. 75). A major goal of the present study is to examine the issues impacting the decision to report or not report various cases of child abuse.

Research Objectives

The following research questions were formulated in response to issues and concerns emerging in the literature:

1. Is the present knowledge of mandatory reporting laws greater than in previous studies? It was hypothesized that the general level of knowledge of mandatory reporting would be higher than found in Swoboda et al. (1978).

2. What is the general attitude towards mandatory reporting among MHPs? Included in this objective was the measurement of support for K.S.A. 38-1522

(CARS Item7b), and beliefs about the outcome of reporting, including the extent to which MHPs endorsed Butz's (1985) reporting paradoxes. No a priori hypotheses were made.

3. How do MHPs forewarn clients of the legal limits of confidentiality? It was hypothesized that the majority of MHPs would forewarn clients orally or in writing, prior to any disclosure of child abuse.

4. Has the propensity to report the scenario describing known physical abuse changed since Swoboda et al. (1978)? It was hypothesized that the overall percentage of providers automatically reporting the Swoboda, et al. scenario would be higher than in previous studies, but still not uniform across cases.

5. Is propensity to report related to the type of abuse described and whether it is known or suspected? Although Kansas law suggests no abuse hierarchy (emotional abuse is no less "reportable" than physical abuse), it was hypothesized that one would emerge, showing the highest propensity to report for physical abuse, followed by sexual abuse, with much lower reporting for emotional abuse. Suspected abuse was expected to show a lower propensity to report than the cases of known physical and sexual abuse.

6. Does propensity to report differ across MHP gender or specific profession (e.g., psychologist, LSCSW, etc.)? Previous research offered little reliable basis for making a priori hypotheses about which professions or genders would show greater or lessor propensity to report.

7. What are the salient issues affecting MHP reporting decisions? After reviewing the existing literature, it was hypothesized that the following issues would predict (and thereby explain) MHP reporting tendencies: (a) family's

commitment to therapy, (b) the stability of the family, (c) the possibility of infringing on the rights of the client, (d) the fear of legal involvement, (e) concern over retaliation from the client, (f) the belief that the legal and social system cannot treat abusive families as effectively as the therapist versus the belief that official intervention reduces the risk of abuse and provides a more effective therapy, (g) personal regard for the law, (h) suspicion versus knowledge of abuse, (i) quality of the child's life, (j) adherence to confidentiality, (k) degree of endangerment to the child's life, and (l) preservation of the family. Additionally, several case-specific issues were examined.

Method

Survey

The Crenshaw Abuse Reporting Survey (CARS; Crenshaw, 1990) is an 11 page booklet developed for this study to address the research objectives and measure MHP demographics. The dilemma presentation approach used in previous studies was retained in the CARS. It may be argued that using hypothetical scenarios (instead of asking for actual reporting tendencies) does not directly assess the behavior of the mental health provider in "real-life" situations. This in turn, may cause the MHP to respond as they "wish" they would behave instead of how they actually do behave in similar situations. Alternately, an instrument asking MHPs to "confess" their true reporting habits induces an even more powerful social desirability factor. One must consider whether a respondent is likelier to agree that they "would not" report a hypothetical case of abuse (thus distancing themselves from the actual behavior) or "did not" report a specific case (directly tying themselves to an

illegal act). In reflecting on these two arguments, the present authors chose the hypothetical approach for the CARS as the more feasible and valid method of measurement.

To expand the measurement of reporting tendency beyond physical abuse, four scenarios were used. Scenario 3 was a slightly revised version of the dilemma offered by Swoboda et al. (1978). The other dilemmas were developed from possible case scenarios in consultation with colleagues. Each scenario emphasized variance on several items including: (a) perceived severity and type of abuse; (b) suspicion versus disclosure of abuse; (c) family commitment to therapy; and (d) threat to the life of the victim. The three new scenarios read as follows:

> Scenario 1: Known Emotional Abuse. A family consisting of a father, mother, one daughter (age 8) and one son (age 13) are referred by a school counselor for severe child behavior problems. The son is extremely disruptive, and the daughter reclusive. After four sessions you are convinced that the children are emotionally (but not physically) abused by the domineering mother. The family denies this, claiming the mother's hot tempered behavior has nothing to do with the children's problems. They blame the school and admit that they are only in therapy to keep the school psychologist from recommending a behavior-disorder classroom for the son.
>
> Scenario 2: Known Sexual Abuse. A recently divorced mother and three teen daughters (12, 14, and 16) enter therapy with the presenting problem of hostility and rebellion among the girls. The eldest daughter

has been especially angry with her father following the divorce and is reluctant to see him during weekend visitations. The family is doing well in therapy, and progress is made in communication, anger control and behavior of all children. The mother is shocked when the improved relationships lead the eldest daughter to disclose a history of incest which is still being committed by the father during visitations. Deeply angered, the mother vows to seek immediate court action to end visitation rights.

Scenario 4: Suspected Sexual Abuse. You are seeing a 16 year old female, only child, who has been brought to therapy by her mother and stepfather. The girl's promiscuous behavior is the presenting problem. She recently had an abortion and was referred by the family's doctor "so this won't happen again." The parents refuse family therapy and even seem reluctant to let the daughter enter counseling. They hint that they don't trust therapists and the stepfather warns you that "the girl makes up wild stories just to get attention." In the first few sessions the daughter exhibits numerous symptoms of sexual abuse which appears to have been committed by the stepfather. You confront her, but the daughter denies being abused.

Following each of these scenarios, the respondents were asked to indicate whether they would:

(a) Automatically report the situation to the Department of Social and Rehabilitation Services or a law enforcement agency as soon as possible using the procedure you described in item 2.

(b) Hold off reporting the situation. Explain to the family that you can report suspicions of abuse, but will refrain as long as they remain in therapy and appear to make progress. Continue working with the family to assure that the abusive behavior is ended permanently.

(c) Not report the situation. Express your concern to the family, but maintain the confidentiality of therapy. Not discuss reporting with the family, or discuss it only minimally.

(d) Recommend that the family self-report their abusive behavior to the Department of Social and Rehabilitation Services or a law enforcement agency and continue to monitor the situation in subsequent sessions."

It is important to note that choices b, c, and d were offered as alternatives to "automatic reporting" so as to permit a wider latitude of responses and not to assess how MHPs go about "not reporting." For most of the data analyses (see below), those MHPs responding "hold off," "not report" or "recommend self-reporting" were categorized simply as Non-Reporters. Although two of these responses allow for a future report or self-report by the family, they still describe a reporting behavior other than that mandated by the law. This dichotomy permitted the analysis to focus on the central issue of reporting versus non-reporting, instead of the more esoteric differences between different methods of non-reporting. It should also be noted that in each scenario many MHPs who marked the "self-report" option also marked "automatic reporting" and/or made a notation indicating that they would report if the family did not. In these cases, the item was coded as "automatic report" since the therapist

expressed the intention to make certain a report was made, with only a preference for the family reporting itself.

After each scenario, respondents were presented with 15 "decisional items" describing issues inherent to the scenario (e.g., the family was doing well in therapy), as well as more global reporting issues (e.g., personal regard for the law). Decisional item 16 ("Other") allowed the respondents to write-in an issue they considered important, but which was not addressed by the other items. A 5-point scale was provided for each decisional item with the instructions "What issues did you consider important in deciding how to handle this case? Rate each of the following statements according to its impact on your decision."

The last CARS item presented the following statement: "K.S.A. 38-1522 mandates that mental health providers with knowledge or suspicions of child abuse report the same to S.R.S. or law enforcement officials". This was followed by two questions asking for the MHP's level of knowledge and understanding of the law and the extent to which they supported it. Finally, the three paradoxes of reporting were presented along with two "pro-reporting" statements (e.g., mandatory reporting is an important component of the total therapeutic process). On this item, each statement was rated using a 6-point scale representing high to low agreement.

Participants

Selection and recruitment. A total of 1412 MHPs in the state of Kansas were sent copies of the CARS, including all 324 Licensed and 205 Registered Masters Psychologists (designations used by the Kansas Behavioral Sciences Regulatory Board); all 144 Marriage and Family Therapists (Kansas Association of

Marriage and Family Therapist members); a random sample of 241 Psychiatrists; and a random sample of 498 Licensed Clinical Social Workers (LSCSWs, also a state-designation). To assure continuity of state reporting laws, this sample included only MHPs with Kansas mailing addresses. To be considered valid, the CARS must have been completed and returned by a person who: (a) held an advanced degree in Psychiatry, Psychology, Counseling, Marriage and Family Therapy, or Social Work and (b) provided or administrated counseling, psychotherapeutic or other psychological services in any commonly acknowledged mental health setting in the State of Kansas.

Sample Characteristics. A total of 452 surveys were returned for a response rate of 32%. This rate was generally consistent across professions, though Psychologists were somewhat overrepresented and Psychiatrists underrepresented. The sample included 211 (46.7%) females, 229 (50.7%) males, and 12 (2.6%) who chose not to respond to the gender item. Of the respondents, 153 (33.8%) held Ph.Ds or equivalents, 42 (9.3%) held MDs, and 152 (33.6%) held Masters degrees in Social Work. The remaining 23.3% of respondents held Masters degrees in other areas (e.g., Clinical or Counseling Psychology).

Of the sample, 117 participants (25.9%) were Licensed Psychologists, 91 (20.1%) were Registered Masters Psychologists, 155 (34.3%) were Licensed Clinical Social Workers (LSCSWs), 30 (6.6%) were Marriage and Family Therapists, and 44 (9.7%) were Psychiatrists. The Marriage and Family Therapist category presented some coding problems because some respondents were also LSCSWs. In these cases, coding preference was given to the LSCSW category, since this represented the discipline of license. The average year in

which respondents received their highest degree was 1976, and the median year was 1978. A total of 20.8% of respondents reported working in an in-patient setting, 34.1% worked in community mental health facilities, 29.4% were in private or group practice, and 27.0% were employed in some other type of setting (percentages total more than 100% since respondents were often employed in more than one setting). Although only 7.1% of respondents were employed directly by The Kansas Department of Social and Rehabilitation Services (KDSRS), 60% did report receiving at least 10% of their cases through this agency. A breakdown of the types of clients seen by the participants is found in Table 1.

Insert Table 1 about here

Procedure

The CARS was mailed to MHPs with a letter containing information about the study and return postage. Ten days later a follow-up card was mailed to the same sample, thanking those who had responded for their participation, and requesting those who had not responded to do so as soon as possible.

Data Analysis. In addition to standard descriptive analyses (e.g., frequency, means, percentages, etc.), reporting tendencies were cross-tabulated on each scenario using the variables of profession and gender; and a A chi-square calculated. In these and subsequent analyses, reporting tendency was compressed from four groups to two, representing the "Reporting" versus "Non-

Reporting" condition previously described. A Friedman test of mean ranks (SPSSx, 1986) was also calculated to examine the hierarchy of abuse reporting.

To measure the effect of the 15 decisional items on reporting, a series of stepwise discriminant function analyses (Stevens, 1986) were calculated using reporting tendency as the grouping variable and the decisional items as discriminating variables. The purpose of this analysis was to determine whether a linear composite of some or all of these decisional items would accurately predict respondents' reporting tendency better than chance alone. The composite of items best discriminating Reporters from Non Reporters represents those issues that form part of the basis for the decision to report or not report the hypothetical case of abuse. Any variance not accounted for by this composite represents the limitation on our ability to include all possible issues of importance in the decision to report.

Chosen for this analysis was Wilks' stepwise procedure (SPSSx, 1986). This approach enters on the first step of the analysis the variable which "maximizes the separation among the groups. The next variable to enter is the one which adds the most to further separating the groups etc." (Stevens, 1986, p. 244). The basis of this selection is minimization of Wilks' lambda. This procedure has the disadvantage of eliminating truly discriminating variables from the final equation because of high intercorrelation with more discriminating items. However, it does serve to form the best composite predicting the greatest amount of the variance of reporting tendency. To compensate for this limitation of the Wilks procedure, variables that failed to enter the final discriminant equation

are also examined in the results section and the reasons for their exclusion discussed.

To further understand the influence of situational information (case specifics) versus global issues (more abstract ideals of the pros and cons of reporting) on reporting tendencies, an analysis of consistency across scenarios was conducted. The Cronbach internal consistency statistic was computed for the decisional items which were similar in all four scenarios. Instead of trying to validate the instrument by showing high consistency, this statistic was used to determine how uniform the respondents were in their decisional responses, across scenarios. Higher alphas for each set of four items would indicate more global ideals since the consistency of response is great, regardless of case specifics. Likewise, lower alphas indicate case-specific issues since consistency of response across scenarios is comparatively low.

Results

Level of Knowledge of Mandatory Reporting Law

The hypothesis that general knowledge of mandatory reporting laws would be higher than in previous studies was supported. While Swoboda et al. (1978) found unfamiliarity with the law among 32% of Psychologists and 18% of Psychiatrists, knowledge and understanding of the law in the present study was nearly uniform across cases. A total of 93.6% of the sample was familiar with the Kansas mandatory reporting law and claimed to understand its ramifications for them as professionals. Only 4.4% knew about the law but were unsure how it pertained to them, and 1.4% reported unfamiliarity with the law. The only confusion over K.S.A. 38-1522 among MHPs related to the reporting of

emotional abuse. In responding to decisional item 16 ("Other") under the emotional abuse scenario, approximately 20 respondents expressed their belief that Kansas law did not mandate the reporting of emotional abuse, a perception which is inaccurate.

Attitude Towards Mandatory Reporting

Support for the Kansas mandatory reporting law was mixed, but strongly skewed toward support for the law. As noted in Table 2, nearly 43% of the respondents reported "very strong support" for the law. However, the plurality of the respondents (49.6%) expressed moderate support with some reservations for the law, indicating that concerns remain over the issue. Only 3% of the sample expressed any level of opposition to the law.

Insert Table 2 about here

Despite fairly uniform support, MHPs did express some agreement with Butz's (1985) three reporting paradoxes. Table 3 shows particular concern among MHPs that abusive parents will not seek therapy if they believe they will be reported. They also tended to believe that parents already in therapy would not disclose if they thought they would be reported. Respondents were less certain about the extent to which rapport would suffer if a report is made, with the plurality of respondents giving a "3" or "4" rating to this item on a 6-point scale. However, any perceived paradoxes in reporting child abuse appear to be offset by the belief that reporting is "an important component in the total therapeutic process," an item which was rated either "5" or "6" by 55% of the

sample, giving it the highest item mean (M=4.42, SD=1.39) of any item in this section.

Insert Table 3 about here

Forewarning Practices

The hypotheses that a majority of MHPs would forewarn clients orally or in writing before receiving a disclosure of child abuse was supported. Respondents were given three modes of forewarning, one choice representing a non-forewarning practice, and one describing a non-reporting condition. As noted in Table 4, 37% of the sample indicated forewarning all clients about limits on confidentiality. However, 35% of the sample forewarned clients only after having suspicions of abuse. Essentially, this means that 63% of providers may become legally obligated to report a suspicion of abuse before they have provided an actual warning to the families about the legal limits of confidentiality.

Insert Table 4 about here

Changes in Propensity to Report Physical Abuse

The hypothesis that the percentage of MHPs automatically reporting on Scenario 3 would be greater than in previous studies was supported. As noted in Table 5, the present study shows a significantly higher reporting rate for psychologists on this scenario than in either Swoboda et al., ($Z = -5.1$, $p < .0001$) or Muehleman and Kimmons ($Z = -2.0$, $p = .02$). Likewise, the reporting rate for

psychiatrists was significantly higher ($Z = -12.0$, $p < .0001$) in the present study than in Swoboda et al. as was the rate for social workers ($Z = -3.1$, $p = .001$). This increased level of reporting lends support to the notion that ten years of experience with child abuse and mandatory reporting laws have increased the propensity to report among MHPs.

Insert Table 5 about here

Kalichman et al. (1990) found that 76% of the psychologists would report a scenario of suspected abuse. Although the CARS Scenario 4 is quite different than that used by Kalichman et al., it does represent a suspected sexual abuse condition. In the present data only 55% of respondents automatically reported the scenario. It is not clear whether this lower level of reporting represents an artifact of the differing methodologies and scenarios (especially the daughter's denial of abuse on the CARS item), or an actual difference in the Kansas sample versus the South Carolina/Georgia sample in Kalichman et al.

Differences in Propensity to Report Various Types of Abuse

The hypothesis that a hierarchy of reporting would emerge in the data was supported. However, the concomitant hypothesis that the physical abuse scenario would show the greatest propensity to report was not supported. Instead, the known sexual abuse scenario was automatically reported by 88.9% of the sample while the physical abuse scenario was reported by only 70.4%. As predicted, the emotional abuse scenario was the most infrequently reported with only 29.6% of the respondents automatically reporting. The suspected

sexual abuse scenario (54.9% automatically reporting) was reported less often than physical abuse, but more often reported than the known emotional abuse scenario. This hierarchy was tested using the Friedman test of mean ranks and found to be significant, χ^2 (3, N = 434) = 197.69, p < .0001 (Table 6).

Insert Table 6 about here

A Cronbach alpha of reporting tendencies across the four scenarios was calculated at .56 indicating only moderate consistency in reporting tendencies across the different cases of abuse. Thus, it can be concluded that most MHPs do not simply report child abuse with no attention to the specifics of the case, but instead make clear decisions about which cases to report. The specific issues affecting these decisions are the subject of the next section.

Scenario 1: Known Emotional Abuse

Scenario 1 was the only scenario not automatically reported by the majority of respondents. Only 29.6% of the sample said they would automatically report the described case of emotional abuse, while 48.2% said they would hold off reporting and continue working with the family. Of the remaining respondents, 17.5% said they would not report, and 2.9% said they would recommend self-reporting to the family. A significant chi-square was calculated for the crosstabulation of reporting tendency by profession on Scenario 1, χ^2 (4, N = 429) = 11.33, p = .02 (Table 7). Registered Masters Psychologists were most likely to report the scenario, followed by LSCSWs. Marriage and Family Therapists were least likely to report. As noted in Table 8,

a moderate gender effect was found for the scenario, χ^2 (1, N = 433) = 4.18, p = .040, with females showing a higher propensity to report.

Insert Table 7 about here

Insert Table 8 about here

A significant discriminant function was formed by 14 of the 15 decisional items in Scenario 1, χ^2 (14, N = 444) = 339.17, p < .0001. This discriminant function formed a canonical correlation of .74 with reporting tendency and accurately predicted the responses of 88.8% of Reporters and 88.7% of Non-Reporters (Table 9).

Insert Table 9 about here

Issues of Minimal Impact on Emotional Abuse Reporting Tendency. Items which did not enter the equation were either endorsed uniformly across reporting groups, or highly intercorrelated with more discriminating items. Regardless of their reporting tendency, MHPs showed concern for issues surrounding the welfare of the child and family. "The quality of life of the children" recorded the highest item mean for both Reporters and Non-Reporters. Also highly rated by both groups was the item "Rights and welfare of all family members." Although they did enter the discriminant equation, the items "The

family might file legal/ethical charges;" "Potential complications to therapy if a report is made;"and "Confidentiality is paramount to effective therapy" were rated fairly low by both Reporters and Non-Reporters.

Issues Influencing Reporters. The item "Social and legal authorities are responsible for addressing cases of emotional abuse" proved to be the strongest predictor of reporting tendency on this scenario, and was rated significantly higher by Reporters than Non-Reporters. This was also the case for the item "Legal pressure may provide needed motivation for the family to accept and change its behavior" The Legality of reporting was also given greater emphasis by Reporters, who rated the items "Personal regard for the law" and "Therapists must cover themselves legally" significantly higher than Non-Reporters.

Issues Influencing Non-Reporters. The item "Low level of personal confidence in the social and legal system to deal with this problem" represented a major issue for Non-Reporters in making their decision on this scenario. It should be noted that a low rating on this item did not necessarily indicate a high level of confidence in the system while a high rating did imply a lack of confidence. For instance, a rating of "1" may be construed only as indicating that respondents did not enter their own lack of confidence (if present) into their reporting decision. With this in mind, it appears that the Non-Reporters' higher endorsement of the item does demonstrate a lack of confidence, while Reporters were less willing to be influenced by this issue, regardless of their opinion on its accuracy.

Non-Reporters rated the item "The abuse was emotional and did not threaten the life of the children" significantly higher than their Reporting

counterparts . Non-Reporters also saw the therapist as being better suited to treating families for emotional abuse, while Reporters tended not to enter this opinion (if present) into their decision. For Non-Reporters the ambiguous nature of emotional abuse itself influenced their decision, as indicated by their significantly higher rating of the item "Emotional abuse is hard to define."

Scenario 2: Disclosed Sexual Abuse

On Scenario 2, 88.9% of the sample said they would automatically report the sexual abuse scenario, 2% would have held off reporting and continued to work with the family, .4% would not have reported the scenario, and 8.4% would have recommended self-reporting without making a follow-up report. It is notable that these figures show almost universal support for some form of reporting, since only 2.4% of the sample showed no inclination to report, given the information provided in the scenario. The remaining 8.4% of Non-Reporters did encourage a report, but only through the mechanism of self-reporting. The difference, therefore, between Reporters and Non-Reporters was not their belief in the need for reporting, but the locus of its origin.

A significant chi-square was calculated for the crosstabulation of reporting tendency by profession on Scenario 2, χ^2 (4, N = 436) = 14.28, p = .006 (Table 10). Again, Registered Masters Psychologists were most likely to report this scenario, followed by LSCSWs. Marriage and Family Therapists were least likely to report the case. For this scenario, no gender effect was found χ^2 (1, N = 437) = .2.41, p = .12.

Insert Table 10 about here

A significant discriminant function was formed by 10 of the 15 decisional items in Scenario 1, χ^2 (10, N = 449) = 156.52, $p < .0001$. This discriminant function formed a canonical correlation of .55 with reporting tendency, and accurately predicted the responses of 83.5% of Reporters and 81.6% of Non-Reporters (Table 11).

Insert Table 11 about here

Issues of Minimal Impact on Known Sexual Abuse Reporting Tendency. As in the emotional abuse scenario, MHPs did not differ in their concern for issues of client welfare. The items "The quality of life of the children" and "Rights and welfare of all family members" recorded the first and second highest means for both Reporters and Non-Reporters. Neither group was concerned that "The family might file legal or ethical charges," nor did the groups give much credence to the perception that the abuse was not life threatening.

Issues Influencing Reporters. Reporters again placed greater emphasis on the items "Involvement of social and legal authorities may insure that the father cannot no further abuse;" "Personal regard for the law;" and "Working with social and legal authorities may provide a more effective intervention." While "The responsibility of social and legal authorities to address cases of

emotional abuse" also discriminated between the two groups, its intercorrelation with several other items eliminated it from the equation.

Issues Influencing Non-Reporters. Given the overwhelming tendency of the sample to report the sexual abuse scenario, this configuration of decisional responses appears to represent the perceptions of MHPs who are the most resistant to mandatory reporting for basic therapeutic reasons. The best evidence of this is the item "Confidentiality is paramount to effective therapy", which proved to be the greatest predictor of reporting tendency in this scenario and yet, showed a lower item mean and little or no discrimination in the other three scenarios. Furthermore, Reporters rated "Confidentiality is paramount to effective therapy" as being of little influence in their decision on this scenario, while Non-Reporters gave it moderately high emphasis.

This unwillingness to sacrifice therapeutic integrity for legal mandates is also manifest in the Non-Reporters' higher rating of the item "The mother's decision to pursue court action to limit her ex-husband's visitation" and "The family is doing well in therapy." Non-Reporters also had a mild tendency to give higher ratings to the items "Complexities in the treatment of incest are best left to a therapist;" "Low level of personal confidence in the social/legal system;" and "The father is not currently in the home."

Scenario 3: Disclosed Physical Abuse

On Scenario 3, 70.4% of respondents indicated that they would automatically report the scenario. Of those who would not automatically report, 21.5% would hold off and continue working with the family, 2.0% would not report, and 5.5% would recommend self-reporting without a follow-up. A

significant chi-square was calculated for the crosstabulation of reporting tendency by profession on Scenario 3, χ^2 (4, N = 436) = 14.88, p = .005 (Table 12). As in the first two scenarios, Registered Masters Psychologists were most likely to report this scenario, followed by LSCSWs. Marriage and Family Therapists were least likely to report the case. The chi-square for reporting by gender was not significant, χ^2 (1, N = 437) = .702, p = .402.

Insert Table 12 about here

A significant discriminant function was formed by 10 of the 15 decisional items, χ^2 (10, N = 444) = 373.96, p < .0001 (Table 13). This discriminant function formed a canonical correlation of .76 with reporting tendency, which accurately predicted the responses of 89.2% of Reporters and 93.1% of Non-Reporters.

Insert Table 13 about here

Issues of Minimal Impact on Physical Abuse Reporting Tendency. As in the other scenarios, MHPs showed little difference in their concern for issues of client welfare. The items "The quality of life of the children" and "Rights and welfare of all family members" were among the top three items means for both Reporters and Non-Reporters, although each was rated slightly higher by the Reporting group. As with the other scenarios, neither group showed much concern that "The family might file legal/ethical charges."

Issues Influencing Reporters. Reporters placed greater emphasis than Non-Reporters on the items "Legal pressure may be needed to insure that the father does not commit further abuse;" "Personal regard for the law;" "Therapists must cover themselves, legally;"and "Working with social and legal authorities may provide a more effective intervention" (although this last item did not enter the equation due to a high intercorrelation with "Personal regard for the law"). While the lack of actual endangerment to the life of the child did not have much effect on Reporters in the first two scenarios, the presence of this danger in the physical abuse scenario was significantly more important to Reporters than Non-Reporters.

Issues Influencing Non-Reporters. The tendency of Non-Reporters to subordinate legal issues to the integrity of the therapeutic process was again present in the composite of decisional items for this scenario. The most discriminating item was "The family is doing well in therapy" which received a much higher rating for this group than for their Reporting counterparts. Non-Reporters were also more concerned about "Preservation of the family unit." These issues, coupled with their lower ratings of the items "Legal pressure may be needed to insure that the father does not commit further abuse" and "The responsibility of authorities to address cases of abuse" show a tendency for Non-Reporters to be more concerned than Reporters with potential threats to therapy if a report is made. This is also reflected in the fact that Non-Reporters again gave a slightly high rating to the item "Low level of personal confidence in the social/legal system," although it did not enter the equation due to a high intercorrelation with "The family is working hard in therapy."

Scenario 4: Suspected Sexual Abuse

On Scenario 4, 54.9% of respondents indicated that they would automatically report the suspected sexual abuse scenario. Of those who would not automatically report, 29.0% would hold off and continue working with the family, 13.9% would not report, and .9% would recommend self-reporting without a follow-up report. In contrast to the first three scenarios, the chi-square for reporting suspected sexual abuse by profession was not significant, χ^2 (4, N = 432) = 7.06, p = .133. However, the chi-square for reporting by gender on Scenario 4 was significant, χ^2 (1, N = 434) = 12.88, p < .001 (Table 14).

Insert Table 14 about here

A significant discriminant function was formed by 12 of the 15 decisional items, χ^2 (12, N = 443) = 427.09, p < .0001 (Table 15). This discriminant function showed a canonical correlation of .79 with reporting tendency and accurately predicted the responses of 88.3% of the Reporters and 91.9% of the Non-Reporters.

Insert Table 15 about here

Issues of Minimal Impact on Suspected Sexual Abuse Reporting Tendency. The tendency for MHPs to show uniform concern for issues of client welfare continued in this scenario. Although Reporters place slightly greater emphasis on the "Quality of life of the children" and "The rights and welfare of all family

members," the means for these items were high for both groups. Both Reporters and Non-Reporters recognized the severity of sexual abuse, giving little credence to the idea that "The abuse did not threaten the life of the child." Although the scenario called for great subjectivity on the part of the therapist (making their suspicions vulnerable to differing interpretations), the groups continued to be nearly uniform in their lack of concern that "The family migh file legal/ethical charges."

The item "The family is reluctance to engage in therapy" was moderately important to both groups. Although apparently raising the suspicions of the MHPs, this item did not differentially effect their reporting tendency. Non-Reporters had a mild tendency to give higher ratings to the items "A therapist is better suited for treating a family for sexual abuse" and "Complications to therapy if authorities intervene," but for the most part, neither issue was highly endorsed by the groups.

Issues Influencing Reporters. As with the other scenarios, Reporters placed greater emphasis than Non-Reporters on the items "Legal pressure may be needed to insure the step-father does not commit further abuse: " "Personal regard for the law:" "Working with social and legal authorities may provide a more effective intervention:" and "Therapists must covertheselves, legally."

Issues Influencing Non-Reporters. Non-Reporters tended to be more attentive to case-specific issues instead of more global positions. This is especially apparent in the most discriminating item for the scenario, "Abuse is only suspected from inferences made in therapy" indicating an unwillingness to base the reporting decision on subjective perceptions of abuse. Likewise, Non-

Reporters gave more emphasis to "The daughter denies being abused." Non-Reporters also gave slightly higher ratings to "Low confidence in social/legal system to deal with abuse" and a much stronger tendency to place low emphasis on "Working with social and legal authorities...."

Consistency in Decisional Responses

A Cronbach alpha was computed for all items that were the same (or very similar) across the four scenarios. As noted in Table 16, these decisional items varied in consistency from .87 ("Personal regard for the law;" "Therapists must cover themselves legally;" and "Confidentiality is paramount") to .45 (whether the abuse threatened the child's life).

Insert Table 16 about here

Discussion

The purpose of the present study was to examine issues surrounding the decision to report or not report various cases of child abuse. With limited sample sizes, research objectives and simple descriptive statistics, previous research could only estimate a gross reporting tendency and suggest a few hypotheses to explain it. In the present study, a larger sample size and more powerful statistical analyses allowed inferences to be drawn regarding the impact of various issues on reporting tendency.

Knowledge and Support. It is clear from these data that the present level of knowledge of mandatory reporting laws is greater than in previous studies and, in fact, nearly uniform across cases. The one "gray area" within this issue is the

question of whether MHPs are completely aware of their obligation to report emotional abuse. The handful of respondents who believed that the reporting of emotional abuse is not legally mandated were clearly unaware of the exact wording of K.S.A. 38-1522. The law states that MHPs will report when they "have reason to suspect that a child has been injured as a result of physical, mental or emotional abuse or neglect or sexual abuse" (Kansas Annotated Statutes, p. 611). The present study was not prepared to address this differential understanding of the mandatory reporting law, thus we cannot say with any certainty that this perception was held only by those who happened to mention it. The hypothesis that MHPs are unaware of their mandate to report emotional abuse should be examined in future research.

Despite the debate found in the literature, there is a general attitude of support toward mandatory reporting among MHPs, however, most respondents still held some reservations about it. Given that only 3% of the sample expressed any level of opposition to the law, it may be assumed that the real debate over mandatory reporting is not one of <u>whether</u> it is appropriate, but <u>how</u> and <u>when</u> it is appropriate. Despite this attitude of support, MHPs did acknowledge Butz's (1985) mandatory reporting paradoxes (especially the concern that abusive parents might not seek therapy if they knew they would be reported). However, it appears that these perceptions are offset by strong support for the idea that mandatory reporting is an important component in the total therapeutic process.

Support for mandatory reporting also appears to carry over into the actual reporting tendency of MHPs. The reporting tendency for known physical abuse

(the only benchmark on which to compare) has increased signficantly since Swoboda et al. (1978). However, as hypothesized, the propensity to report was not uniform across cases as 29.6% of the sample said they would not automatically report the scenario. Although the present figures represent samples of adequate size to support their own reliability, the previous studies were more limited. As noted in Table 5, the change in psychologist reporting tendencies between Swoboda et al (1978) and Muehleman and Kimmons (1981) was over three fold in the three years between publications. It seems unlikely that the actual differences were this great, even given the influence of different state laws. Instead, the small samples in these studies may have resulted in less stable estimations of the propensity to report. For this reason, as well as differences in methodology between this study and earlier work, the actual magnitude of this change may be somewhat exaggerated.

This support and uniform knowledge of mandatory reporting laws may tend to contradict the oft cited need (i.e. Kalichman et al., 1990) for better training of mandated reporters as a way of improving the reporting rate. It appears that MHPs are well aware of their legal mandates and <u>are</u> intentionally dissenting from the law as hypothesized by Muehleman and Kimmons (1981).

<u>Hierarchy of Abuse</u>. A hierarchy of abuse reporting appears to exist. The case showing the hightest reporting tendency involved known sexual abuse, followed by known physical abuse and suspected sexual abuse. As expected, given its complex and ambiguous nature, emotional abuse was reported least often. However, the difficulty in defining emotional abuse was not as important

to reporting tendency as differential perceptions of who should address and treat it.

Because the CARS introduced variance on several issues into each scenario (e.g., types of abuse, suspected versus known, progress of the family, etc.), it can be argued that it confounded itself on the issue of the abuse hierarchy. For instance, what if the emotional abuse scenario had contained a family which was "working hard in therapy," or the physical abuse scenario's family had been "reluctant?" Obviously, every imaginable permutation of these cases could not be offered in a parsimonious fashion. However, future researchers may wish to explore differential reporting based on the perceived condition of the family and progress in therapy. Also, scenarios of suspected abuse might be used with a variety of different symptoms (e.g., promiscuity versus social withdrawal). This type of research can further extend our understanding of reporting beyond the scope of this study.

Forewarning. Regarding forewarning, these data suggest general support among MHPs for the idea of providing some form of warning to clients about the limits of confidentiality. However, while a plurality (38%) of the sample provided an oral and/or written forewarning to all clients, a full 35% warned only after beginning to have suspicions of abuse. Additionally, 20% warned only upon a full disclosure, and just over 4% seldom provided any warning. In practice this means that the majority (59%) of MHPs may become legally obligated to report suspicions of abuse before they have provided an actual warning to the families. This practice does seem to fall within Racusin and Felsman's (1986) stated position that "when a certain threshold of suspicion has

been reached, it becomes deceptive not to inform parents" (p. 485). However, failing to provide the warning "up front" (before disclosure) seems antithetical to the authors' stated desire to show empathy and enhance the possibilities for more effective intervention. Therapeutic issues aside, it is also possible that MHPs are influenced by systemic prohibitions against forewarning which parallel the Faustman and Miller position. This is best-illustrated (though certainly not proven) by a respondent in the present study who noted "[the local welfare agency] is against us forewarning, because they are afraid it will keep parents from disclosing." This response certainly cannot be generalized, though it provides an intriguing basis for further research.

Since there is no legal mandate for or against forewarning, the regulation of this issue falls to the ethical guidelines of each profession. Although most ethical codes imply forewarning, they are not always specific enough to close debate. The Code for the National Association of Social Workers is among the clearest in mandating that the "social worker should inform clients fully about the limits of confidentiality in a given situation, the purposes for which information is obtained, and how it may be used" (National Association of Social Workers, 1979). The code of The American Association of Marriage and Family Therapists states simply that "the therapist is responsible for informing clients of the limits of confidentiality" (American Association of Marriage and Family Therapists, 1985). The American Psychological Association's Ethical Principles of Psychologists (American Psychological Association, 1981) states that "where appropriate, psychologists inform their clients of the legal limits of confidentiality." What is unclear is the meaning of

"where appropriate" and whether this would include a waiver of this principal to allow reporting without forewarning. The American Association of Counseling and Development Ethical Standards (American Association of Counseling and Development, 1981) gives the vaguest guidelines in stating that when confidentiality is breached "the client must be involved in the resumption of responsibility [for client behavior] as quickly as possible" and in another section, that the counselor must "inform the client of the purposes, goals, techniques, rules of procedure and limitations that may affect the relationship at or before the time that the counseling relationship is entered."

In sum, the present data argue for Faustman and Miller's (1987) position that professional organizations should examine these issues and present clear ethical guidelines to their members. Without some critical reflection on the proper way to handle forewarning, we are left with a majority of MHPs who actually set a sort of trap for their clients, by failing to forewarn before they become obligated to report.

Differential Reporting by Profession and Gender

Significant differences in reporting tendencies were found across professions on the three "known abuse" scenarios. Furthermore, these differences were fairly consistent in each scenario. Registered Masters Psychologists were the likeliest to report each known scenario, followed by Licensed Clinical Social Workers and Licensed Psychologists. Least likely to report the scenarios were Psychiatrists and Marriage and Family Therapists. The one exception to this rule was for the known sexual abuse scenario (Table 10) in which Psychiatrists were slightly more likely to report than Licensed

Psychologists. In the more ambiguous cases (emotional and suspected abuse) female MHPs were significantly more likely to report than their male counterparts. On the suspected sexual abuse scenario, the differences were fairly striking, with nearly 65% of female respondents reporting, as opposed to 48% of the males. In the more "cut and dried" cases (known physical and sexual abuse) no gender differences emerged.

Issues Affecting Reporting

Regard for the Law, Confidentiality, and the Quality of Life of the Child. The issues of confidentiality, adherence to the law, and the best interests of the child client are inextricably connected and often in direct conflict in cases of child abuse and reporting. Most previous authors (Butz, 1985; Muehleman & Kimmons, 1981; Pollak and Levy, 1989; Serrano & Gunzburger, 1983) have suggested these issues to be at the very heart of the debate over mandatory reporting, a position which received mixed supported in the present study.

Muehleman and Kimmons (1981) found that for most MHPs "the law" was the least important consideration in reporting, with both "the child's life" and "confidentiality" ranked higher. The present study supports the uniformity of importance attributed to "the child's life" and the discriminant power of the decisional item "Personal regard for the law" to predict and explain reporting tendencies. However, the issue of confidentiality appears to be less important to both groups than in the previous study. The exception to this may be found in the group of MHPs who appear most resistant to reporting (the small minority who did not automatically report the sexual abuse case). However, even this group gave the confidentiality item on the sexual abuse scenario a mean of only

3.41 on a 5 point scale, placing it 7th out of 10 items in their ratings. It is also important to remember that in this scenario, the vast majority of Non-Reporters would recommend self-reporting to the family. This suggests that while agreeing with the need to report this case of abuse, Non-Reporters were unwilling to break confidentiality to do it.

Reporters and Non-Reporters were uniform in their concern for the lives of their child/adolescent clients and the rights and welfare of their client families. Therefore, both Reporters and Non-Reporters see themselves as supporting these rights and advocating the quality of life of the children. For instance, an MHP who is skeptical of the therapeutic value of legal intervention and sees progress in therapy with the family, may easily argue that the best interests of the family and child are served by not reporting the case and continuing to work with the family. From the present data, it appears that this is precisely the position of Non-Reporters who saw themselves as fulfilling the goal of client welfare through strictly therapeutic means. Alternately, Reporters strive for these same goals, but are more willing to see legal involvement as an acceptable form of intervention. Also, Reporters are more prone to include their own personal regard for the law as a factor in their decision making, indicating that even if some Reporters did not see much therapeutic value in reporting, they were willing to do it because it was quite simply, "the law." This point is further exemplified by the Non-Reporters' lower rating of the item "Therapists must cover themselves legally," indicating less willingness to sacrifice perceived client welfare in order to remain adherent to the law. Finally, the tendency to factor-in a personal regard for the law was consistent across scenarios. The

Cronbach alpha for this item was .87, equal to the highest alpha recorded for the decisional items. This is not surprising given that the item is global, abstract and not case-specific.

In sum, Reporters and Non-Reporters were equally concerned for the quality of life of their child clients. However, they differed in the role they assigned to social/legal intervention in bringing about this quality of life with further support being found for Muehleman and Kimmon's (1981) suggestion that intentional dissent from mandatory reporting laws results from a perceived conflict with a "greater good" for the client. Reporters stress the therapeutic value of mandatory reporting while maintaining the importance of the law itself and the need to work within its boundaries. The often discussed issue of confidentiality (theoretically at the center of the mandatory reporting debate) was not highly rated by either group, except for Non-Reporters in the known sexual abuse, indicating that it was a salient issue only for those most resistant to mandatory reporting.

Therapists Must Cover Themselves Legally. Logically, the issue of personal regard for the law would relate to one's desire to stay in compliance with it. However, while the two items were significantly intercorrelated, the coefficient did not exceed .34 ($p < .05$), indicating a fair degree of independence. The intent of any law is that persons under its jurisdiction will value adherence to it above other desirable options. From a strictly legal standpoint, the same is true for mandatory reporting and its associated punishments (a class "B" misdemeanor in Kansas). These laws are based on the notion that therapists will value the importance of adhering to the law over the inherent conflict of interest present

in reporting. Although this argument seems quite logical, the present data give it only moderate support. In every scenario, the item "Therapists must cover themselves legally" did discriminate the two groups, but even the Reporting group did not give the item a mean of greater than 3.5, generally ranking it as the 7th or 8th most important issue for the group. This lack of concern over "covering oneself" may be due to the fact that if any cases of "not reporting" have been filed, they have not reached the collective awareness of MHPs. Whatever their response to this issue, MHPs were consistent across scenarios, with a Cronbach alpha of .87 calculated for the item.

Thus, it appears that both Reporters and Non-Reporters were less concerned with simply obeying the law to "cover themselves" than with fulfilling its intent of ending the abuse of the child. As noted earlier, each had a different perception of the means by which to achieve this end, but neither group seemed particularly worried about being punished for not reporting.

Rights and Welfare of All Family Members. Related to the issue of the quality of life of the child is the concern over the rights and welfare of the entire family. The intercorrelation of these two decisional items ranged from .39 to .51 ($p < .05$), showing a moderate and somewhat consistent relationship across scenarios. Swoboda et al. (1978) hypothesized that reluctance to report would be related to the therapist's fear of infringing on the rights of the client. The present study did not support this hypothesis. The item "Rights and welfare of all family members" was strongly endorsed by both Reporters and Non-Reporters. It thus, provided little or no discrimination between groups, and failed even to enter the equation in all but the known physical abuse scenario,

in which it ranked 10th out of 10 discriminating items. Thus, it appears that both Reporters and Non-Reporters saw their decision as supportive of family rights and welfare, though for different reasons. The consistency analysis of this item showed a Cronbach alpha of .77, suggesting that MHPs were moderately consistent in their application of this concept across scenarios.

Therapist Perception of Legal Intervention. Swoboda et al. (1978) suggest that failure to report would be related to the "egotistical inability [of MHPs] to call in outside intervention." Similarly, Pollak and Levy (1989) suggested that such failure is related to the therapist's perception that reporting represents "an unnecessary instrusion on the professional's autonomy, and an indictment of competence" (p. 518). Although these rather pejorative descriptions would probably receive negative responses were they placed on the CARS, several items did speak to the issue of how therapists saw themselves in the context of the social and legal system. Generally, Reporters saw legal intervention as an effective therapeutic strategy in dealing with child abuse, while Non-Reporters did not give this idea as much emphasis. Reporters were also more willing than Non-Reporters to accept legal pressure as a way of ending the abuse. Regarding the question of "egotism," Non-Reporters had a greater tendency than Reporters to see the therapist as being in a better position to treat abuse than the social system, though they never recorded a mean greater than 3.6 for this item. Also, Non-Reporters were less likely than Reporters to acknowledge the responsibility of legal authorities to address abuse.

In short, the unwillingness of therapists to call in outside intervention appeared to be related to their perception of its effectiveness in

psychotherapeutic interventions. Whether this is related to "egotism" or differing therapeutic perspectives is left to the interpretation of the reader.

Fear of Legal or Ethical Charges. Swoboda et al. (1978) and Pollak and Levy (1989) suggest that a major reason for low reporting may be the fear of retaliation from the client. The present data argue against this hypothesis, at least from the standpoint of legal or ethical retaliation (Pollak and Levy expand their definition to include physical or social harassment). For all four scenarios, the item the family might file legal or ethical charges recorded an item mean for both groups at or near the bottom of the 15 item list. Furthermore, the item's poor discrimination between Reporters and Non-Reporters shows its minimal effect on the reporting decision. The scenarios representing suspected sexual and known emotional abuse called for MHPs to make very subjective judgment calls. But even in these cases, the item mean for both Reporters and Non-Reporters was under 1.8 (5-point scale), indicating low effect on either group. This indifference to potential legal action may be the result of protection afforded MHPs by K.S.A. 38-1526, which states that "anyone...making...an oral or written report [of child abuse] to...the department of social and rehabilitation services...shall have immunity from any civil liability that might otherwise be...imposed. Any such participant shall have the same immunity with respect to participation in any judicial proceedings resulting from the report" (Kansas State Statutes, p. 615).

Complications to Therapy and Family Progress. It was also the position of Swoboda et al. (1978) and Pollak and Levy (1989) that reluctance to report would be related to the therapist's fear of legal involvement in therapy. The present

study found little support for this hypothesis. The item complications to therapy and potential loss of control if authorities intervene received a low mean endorsement for both groups on the suspected sexual abuse scenario and the known emotional abuse scenarios. However, in the physical abuse scenario, the item did discriminate Reporters from Non-Reporters. This is probably explained not by the nature of the abuse but by the statement within the scenario that "the family has worked hard [in therapy] and all members want to continue."

It seems plausible that Non-Reporters were more concerned with this issue when the hypothetical therapy was showing a measure of success rather than meeting an element of resistance. This is further supported by the fact that the greatest discrimination in this scenario was provided by the item the family is working hard in therapy and by the significant intercorrelation ($r = .34$, $p < .05$) of the two items. The impact of successful therapy on the reporting decision, is also present in the known sexual abuse scenario. The family's progress in therapy was significantly more important to Non-Reporters than Reporters, and registered the 5th highest discrimination in the 10 item equation and a .57 correlation with the discriminant function itself. In sum, Non-Reporters appeared more concerned with potential complications to therapy, especially when therapy was seen as having a positive impact on the situation.

Confidence in Authorities to Handle Situation. There is a growing perception portrayed through the Kansas media that the Department of Social and Rehabilitation Services is overtaxed and unable to respond effectively to its current case load (Sevetson, 1990). This condition is not unique to this state,

and appears to be a perennial issue throughout most U.S. child protective systems. For this reason, it is somewhat surprising that this item was not a better discriminator of reporting tendency. It is logical that Reporters, although possibly agreeing with the item, would not see it as being an important factor in their decision. Conversely, Non-Reporters, with their concern for therapy over official involvement and distrust of legal pressure as therapeutic, should rate this issue as very important in their decision. However, this configuration was present only in the emotional abuse scenario. In the other scenarios, the item did distinguish the groups from one another, but even Non-Reporters gave it a mean no greater than 3.0.

In short, one of two conclusions may be drawn. Either MHPs have a moderately high level of confidence in the child protective system, or they did not consider their lack of confidence to be a good reason for not reporting. The present data cannot determine which is the proper interpretation, since it deals exclusively with the effect each decisional item has on the decision to report and not on the individual's level of agreement with that item.

Endangerment of the Child's Life. The evolution of child abuse as a social concern originated in the "battered child" syndrome outlined by Kempe, Silverman and Steele (1962). Since then we have come to recognize sexual and emotional abuse as significant social problems. Although no form of abuse is free from the potential to injure or even kill the victim, physical battery is the most common form of abuse to produce this result. The inclusion of an item denoting the amount of threat to the life of the victim was intended to measure the extent to which this issue would distinguish the Reporter from the Non-

Reporter. For the physical abuse scenario, this proved to be the fourth most discriminating item. Reporters gave this issue significantly greater emphasis than Non-Reporters. It is likely, however, that Reporters interpreted the physical nature of the scenario (as did the authors) as being inherently dangerous to the victim, while Non-Reporters were less willing to make this assumption from the information provided. Since the scenario did not actually say that the child's life was in danger, it cannot reveal what Non-Reporters would have done if confronted with a clearly stated threat to the life of the child. We can assume, however, that Reporters were more willing to entertain this notion than Non-Reporters.

This issue had precisely the opposite effect for emotional abuse. Reporters were unwilling to factor the statement that the abuse was emotional and did not threaten the life of the child into their decision while Non-Reporters saw it as being more important (though they gave it only a moderate 3.0 mean rating). MHPs were fairly uniform, however, in their willingness to see sexual abuse as dangerous, though in a different way from emotional abuse. On both sexual abuse cases, neither group gave this item a mean of greater than 1.7, and the item proved to be a poor discriminator. Finally, this lack of consistency is evidenced by the item's low Chronbach alpha (.45), indicating that MHPs gave the issue differential impact across scenarios.

In sum, it appears that MHPs do not see the lack of physical threat to be a significant factor in their decision to report sexual abuse. This is probably due to the perception that such cases have inherent risks which transcend the more traditional "battered child" definition. However, Reporters do tend to see the

heightened level of danger in physical abuse cases as an important reason to report the case while Non-Reporters tend to see the lessor level of threat in emotional abuse cases as a reason not to report.

Mother's Decision to Pursue Legal Action. Scenario 2 (disclosed sexual abuse), contained an item intended to measure the extent to which MHPs would allow action taken by the client to influence their reporting tendency. Here, the mother described in the scenario was said to be "deeply angered [at her ex-husband]" and vowing "to seek immediate court action to end visitation rights." This scenario was intentionally "loaded" to present the family (minus the father) in a positive light. They had done so well in therapy that the daughter had become willing to disclose the abuse. Now the mother was willing to take action to prevent further abuse. As expected, given this emphasis, the item did discriminate between the two groups with Reporters being less likely to factor it into their decision.

Several hypotheses are generated from this item. It is possible that Reporters were less willing to trust the mother's resolve. Sexual abuse case descriptions are replete with incidents of mothers of sexually abused daughters who did not follow through on vows to prevent further abuse. Given this skepticism, they did not consider this vow as meaningful enough to allow them to hold off making a report. Alternatively, MHPs might assume the mother's action (if it did transpire) would automatically force the case into the legal realm, thereby reducing the negative side-effects of reporting, and freeing them from worrying about such issues. However, this latter hypothesis was not supported by the low (2.3) item mean given by the Non-Reporters.

Difficulty in Defining Emotional Abuse. Emotional abuse may take a wide range of forms (e.g., verbal abuse, deprivation, neglect, etc.), and generally lacks clear definitional guidelines. Therefore, it is not surprising that this item predicted reporting tendency, with Non-Reporters tending to attach more importance to the issue than Reporters. What was surprising was the fact that it did not prove to be a better predictor of reporting tendency. One explanation for this is the fact that the emotional abuse scenario specified that the MHP was "convinced that the children are emotionally abused." This statement supplied a level of certainty that is generally unavailable in practice and allowed the respondents to discount the effect of such ambiguity over their decision.

Suspected versus Disclosed Abuse. The influence of the ambiguity surrounding suspected abuse was much clearer than the definitional ambiguity of emotional abuse. That the second sexual abuse scenario was only suspected, and denied by the daughter were issues of greatest importance to Non-Reporters. These individuals were unwilling to base a report on their subjective interpretation of the case, a position not shared by their Reporting counterparts. Given that the Non-Reporting group comprised nearly 44% of the sample on this scenario, it is clear that a significant portion of MHPs were not comfortable reporting without a clear disclosure. While this may indicate a willingness to take the daughter's denial at face value, or a distrust of one's own therapeutic suspicions, it may also represent a reluctance to approach authorities with a case which has no disclosed victim. As one respondent noted "...our local agency does not respond to these cases...no victim, no crime."

Preservation of the Family Unit. Scenario 3 (physical abuse) included an item intended to measure the extent to which MHPs allowed the desire to keep the family intact to influence their reporting tendency. The item was intentionally placed on this scenario because the case was written to portray the family in a positive light. It was felt that this would provide the best possible condition for preserving the family, whereas the other scenarios involved either a reluctant family or a perpetrator who was presently out of the home. Because of this "pro-family" loading, it is a bit surprising that the item did a fairly good job of discriminating the groups.

As expected, Reporters were less willing to enter preservation of the family unit into their reporting decision. Although the item entered the equation near the bottom of the list, this was largely due to a high intercorrelation with other items especially "The family is working hard in therapy" ($r = .39$, $p < .05$). This relationship suggests that, to some extent, the importance attached to family preservation is related to the MHPs perception of family progress in therapy. If the MHP places a high emphasis on the family's own attempts to end the abuse (as did Non-Reporters), they were also likely to stress preservation of the family. In retrospect, an analysis of the differential effect of this item across scenarios would have done much to explain the relationship between progress and the importance of keeping the family intact. Would Non-Reporters have seen family preservation as less desirable in the two scenarios that included reluctant families? Would Reporters rate the item higher, much as they did in items mentioning the family's reluctance, using this resistance to further reinforce their decision to report? Revisions of the CARS will probably include this item

in all scenarios, as future research would do well to include more data on this issue.

Summary

Despite the debate in the literature which portrays the "other side" as anything from "unethical" to "egotistical," the present data argue for the position that both Reporters and Non-Reporters do what they believe to be in the best interest of their client children and families. The difference between the groups is the way in which they interpret their roles as professionals, how they perceive and execute the treatment of their clients, and the extent to which they value legal intervention as a therapeutic modality in the treatment of child abuse.

In evidence of this is the fact that MHPs consistently endorsed the importance of maintaining the quality of life of the child as well as the rights and welfare of the whole family. Rather than simply obeying the law, most Reporters and Non-Reporters appeared to critically reflect on the value of legal intervention and made conclusions based primarily on its efficacy in client treatment and well being. For instance, Non-Reporters on the physical abuse case also showed a desire to preserve an intact family who was doing well in therapy. Alternately, Reporters placed less emphasis on this issue while insisting that their report might insure that no further abuse would occur and would provide a more effective intervention. Across scenarios, Reporters de-emphasized low confidence in the system and were more willing to include their personal regard for the law and the need to practice in accordance with it, as a

factor in their decision making. Non-Reporters were willing to sacrifice strict adherence to the law for what they perceived to be the client's best interest.

Throughout this paper, issues which should be explored in further research were noted, along with limitations of the present study. There are a variety of topics which, if reflected upon and researched, could improve the general quality of child protective services, both legal and therapeutic. Among issues pertaining to direct care, approaches should be encouraged which can be legally and ethically used by MHPs to maintain the integrity of therapy and still follow legal guidelines. These might include encouraging MHPs to adopt alternative modes of reporting such as a conjoint report (family, therapist and social worker meeting together to investigate the case and decide how best to proceed) or self-reporting (family reports to social agency along with a recommendation from the therapist on how to handle the case). Although neither approach is particularly new or innovative, each could be further sanctioned by child protective agencies to improve reporting and to address the therapeutic and ethical concerns of MHPs. This is especially true given that the present data argue against the notion that education of MHPs about mandatory reporting is still the central issue. MHPs are already sufficently aware of their mandate, and may now be looking for evidence that the social system is ready to work with them toward the therapeutic interests of their client families.

With regard to research, manipulation studies which introduce variance on similar scenarios regarding ethnicity, socioeconomic status and/or gender make-up of the victims and families could prove extremely useful in further understanding the way MHPs think about reporting. Our decision to use a single

state MHP population (and the limitations therein) represents the need to measure responses within a single set of state mandatory reporting laws. Although we believe our results are more generalizable than in previous studies, we urge replications in other states is encouraged.

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Table 1

Types of Clients seen by MHPs

	Percentage Ranking					Not	Mean	Rank
Type	1	2	3	4	5	Ranked	Rank	SD
Adults	66.2%	10.2%	7.1%	6.0%	2.4%	5.8%	1.47	1.09
Families	10.0%	13.5%	30.3%	18.4%	11.1%	14.4%	2.63	1.54
Adolescents	10.2%	21.7%	16.4%	24.1%	6.6%	18.6%	2.38	1.58
Couples	3.8%	29.6%	17.0%	14.4%	15.3%	17.5%	2.54	1.63
Children	7.5%	13.7%	13.1%	9.1%	27.9%	26.3%	2.56	1.98

Note. 2.5% of the sample did not respond to this item.

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Table 2

Level of Support for Kansas Mandatory Reporting Law

Level of Support	Count	Percent
Very strong support	194	42.9%
Moderate support, some reservations	224	49.6%
Minimal support, strong reservations	16	3.5%
Mild opposition	1	.2%
Moderate opposition	7	1.5%
Strong opposition	6	1.3%

Note. .9% of the sample did not respond to this item

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Table 3

Ratings of Paradoxes and Therapeutic Items Regarding Mandatory Reporting

	Percentage Rating						Item	Item
	1	2	3	4	5	6	Mean	SD
Parents won't seek therapy	5.3%	8.4%	15.9%	18.4%	30.5%	20.6%	4.23	1.44
Provides motivation to seek therapy	23.9%	27.9%	16.2%	12.2%	13.9%	5.1%	2.80	1.54
Parents in therapy won't disclose	5.1%	12.2%	19.7%	25.4%	25.7%	11.1%	3.88	1.36
Rapport will suffer	8.0%	19.9%	21.5%	26.3%	15.0%	8.4%	3.46	1.40
An important component in therapy	4.9%	5.8%	12.8%	20.4%	30.5%	24.8%	4.42	1.39

Note. .9% of the sample did not respond to these items

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Table 4

Forewarning Procedures Used By MHPs

Forewarning Procedure	Count	Percent
Oral or Written Forewarning	169	37.4%
Forewarn on Suspicion of Abuse	159	35.2%
Forewarn on Disclosure of Abuse	88	19.5%
Seldom Warn Families that I Report	20	4.4%
Don't Usually Report Abuse	7	1.5%

Note: .7% of the sample did not respond to this item

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Table 5

Levels of Reporting of Physical Abuse Scenario in Present Study Versus Previous Research

Study	Psychologists	Psychiatrists	Social Workers*
Present Study	64.3%	59.1%	75.3%
Swoboda et al. (1978)	13.0%	37.0%	50.0%
Muehleman & Kimmons (1981)	46.0%	19.5%	

Note: The present study surveyed only Licensed Clinical Social Workers.

Swoboda et al. specified Masters Social Workers.

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Table 6

Friedman Mean Ranks of Scenarios

Mean Rank	Variable
1.94	Scenario 2: Known Sexual Abuse
2.31	Scenario 3: Known Physical Abuse
2.61	Scenario 4: Suspected Sexual Abuse
3.13	Scenario 1: Disclosed Emotional Abuse

Note: .7% of the sample did not respond to this item

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Table 7

Crosstabulation of Propensity to Report Scenario 1: Known Emotional Abuse By MHP Profession

	MHP Profession					
	Licensed Psych.	Registered Psych.	LSCSW	M & F Therapist	Psychiatrist	Total
Reporters	23.2%	37.4%	34.6%	13.3%	23.3%	29.6%
(N)	(26)	(34)	(53)	(4)	(10)	(127)
Non-Reporters	76.8%	62.6%	65.4%	86.7%	76.7%	70.4%
(N)	(86)	(57)	(100)	(26)	(33)	(302)
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	(112)	(91)	(153)	(30)	(43)	(429)

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Table 8

Crosstabulation of Propensity to Report

Scenario 1: Known Emotional Abuse By MHP

Gender

	MHP Gender		
	Males	Females	Total
Reporters	25.9%	34.9%	30.3%
(N)	(58)	(73)	(131)
Non-Reporters	74.1%	65.1%	69.7%
(N)	(166)	(136)	(302)
	100.0%	100.0%	100.0%
	(224)	(209)	(433)

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Table 9

Summary of Discriminant Analyses Predicting Reporting Tendency Based On Responses to Decisional Items on Scenario 1: Known Emotional Abuse

			Reporting Tendency					
			Reporters (n = 134)		Non-Reporters (n = 310)		Full Sample (n = 444)	
Decisional Item	Step	Coef.	M	SD	M	SD	M	SD
1. Family resistant	7	.234	2.98	1.51	2.88	1.38	2.92	1.42
2. Therapist better suited	5	.195	2.25	1.34	3.55	1.27	3.17	1.44
3. Personal regard for the law	6	-.211	4.09	1.24	2.99	1.20	3.32	1.31
4. Abuse not life threatening	2	.355	1.77	1.04	3.05	1.25	2.67	1.33
5. Family might file charges	12	-.100	1.40	.76	1.40	.84	1.40	.80
6. Emotional abuse hard to define	9	.171	2.75	1.36	3.79	1.19	3.49	1.34
7. Working with authorities	14	-.107	3.63	1.44	2.24	1.18	2.65	1.42
8. Confidentiality is paramount	13	.101	2.26	1.26	2.90	1.25	2.72	1.29
9. Responsibility of authorities	1	-.317	4.13	1.23	2.59	1.20	3.04	1.41
10. Therapists must cover selves	10	-.126	3.54	1.43	2.50	1.21	2.81	1.31
11. Low confidence in system	3	.265	2.22	1.25	3.73	1.31	3.27	1.47
12. Rights and welfare family	•	•	4.07	1.22	3.66	1.07	3.79	1.14
13. Complications to therapy	11	.114	1.78	1.05	2.90	1.33	2.57	1.45
14. Quality of children's lives	8	.177	4.78	.71	4.09	.90	4.30	.90
15. Legal pressure may stop abuse	4	.211	4.13	1.10	2.81	1.23	3.20	1.34
Group Centroids			-1.65		.71			

[Table 9 , continued]

Note. • Item did not add significantly to the prediction of reporting tendency was excluded from the final equation.1.1% of the sample did not respond to these items.

Table 10

Crosstabulation of Propensity to Report Scenario 2: Known Sexual Abuse By MHP Profession

	MHP Profession					
	Licensed Psych.	Registered Psych.	LSCSW	M & F Therapist	Psychiatrist	Total
Reporters	83.8%	95.6%	93.5%	79.3%	86.4%	89.7%
(N)	(98)	(87)	(145)	(23)	(38)	(391)
Non-Reporters	16.2%	4.4%	6.5%	20.7%	13.6%	10.3%
(N)	(19)	(4)	(10)	(6)	(6)	(302)
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	(117)	(91)	(155)	(29)	(44)	(436)

Table 11

Summary of Discriminant Analyses Predicting Reporting Tendency Based On Responses to Decisional Items on Scenario 2: Known Sexual Abuse

			Reporting Tendency					
			Reporters (n = 400)		Non-Reporters (n = 49)		Full Sample (n = 449)	
Decisional Item	Step	Coeff	M	SD	M	SD	M	SD
1. Family doing well in therapy	5	.289	2.11	1.35	3.73	1.40	2.30	1.45
2. Treatment left to therapist	8	.221	1.72	1.05	2.78	1.19	1.84	1.11
3. Personal regard for the law	4	-.289	4.06	1.17	3.24	1.27	3.97	1.21
4. Abuse not life threatening	6	-.323	1.47	1.04	1.49	.82	1.47	1.02
5. Family might file charges	*	*	1.35	.81	1.63	.95	1.39	.83
6. Father not in the home	7	.240	1.41	.90	2.27	1.38	1.50	1.00
7. Working with authorities	10	-.108	3.85	1.39	3.14	1.37	3.77	1.40
8. Confidentiality is paramount	1	.416	1.97	1.21	3.41	1.19	2.13	1.29
9. Responsibility of authorities	*	*	4.29	1.08	3.47	1.23	4.20	1.13
10. Therapists must cover selves	*	*	3.35	1.53	2.76	1.27	3.28	1.52
11. Low confidence in system	9	-.120	2.07	1.14	2.82	1.18	2.15	1.17
12. Rights and welfare of family	*	*	4.26	1.20	4.14	.96	4.24	1.17
13. Mother pursuing court action	3	.323	2.32	1.46	3.88	1.25	2.50	1.52
14. Quality of children's lives	*	*	4.74	.71	4.55	.68	4.72	.71
15. Authorities insure no abuse	2	-.322	4.67	.83	3.88	1.20	4.59	.90
Group Centroids			-.23		1.86			

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[Table 11 continued]

Note. * Did not add significantly to the prediction of reporting tendency and was excluded from the final equation.

Table 12

Crosstabulation of Propensity to Report Scenario 3: Known Physical Abuse By MHP Profession

	MHP Profession					
	Licensed Psycn.	Registered Psych.	LSCSW	M & F Therapist	Psychiatrist	Total
Reporters	64.3%	80.2%	75.3%	53.3%	59.1%	70.3%
(N)	(74)	(73)	(116)	(16)	(26)	(305)
Non-Reporters	35.7%	35.7%	24.7%	46.7%	40.9%	29.7%
(N)	(41)	(18)	(38)	(14)	(18)	(302)
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	(115)	(91)	(154)	(30)	(44)	(434)

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Table 13

Summary of Discriminant Analyses Predicting Reporting Tendency Based On Responses to Decisional Items on Scenario 3 Known Physical Abuse

			Reporting Tendency					
			Reporters (n = 314)		Non-Reporters (n = 130)		Full Sample (n = 444)	
Decisional Item	Step	Coeff.	M	SD	M	SD	M	SD
1. Family working hard in therapy	1	-.572	2.55	1.43	4.60	.64	3.15	1.56
2. Therapist better suited	*	*	2.18	1.24	3.48	1.25	2.57	1.38
3. Personal regard for the law	5	.149	4.11	1.20	2.95	1.10	3.77	1.29
4. Abuse did endanger life	4	.192	3.87	1.62	2.75	1.29	3.55	1.60
5. Family might file charges	*	*	1.54	.93	1.65	.80	1.57	.90
6. Preservation of family unit	9	-.120	2.70	1.25	3.79	1.11	3.03	1.31
7. Working with authorities	*	*	3.73	1.34	2.48	1.07	3.37	1.38
8. Confidentiality is paramount	*	*	2.13	1.19	2.99	1.20	2.39	1.26
9. Responsibility of authorities	3	.230	4.26	1.12	2.72	1.10	3.81	1.32
10. Therapists must cover selves	8	.153	3.47	1.52	2.38	1.11	3.14	1.50
11. Low confidence in system	*	*	2.17	1.19	3.09	1.36	2.45	1.31
12. Rights and welfare family	10	-.087	4.32	1.12	4.13	.88	4.27	1.05
13. Complications to therapy	6	-.200	1.97	1.09	3.35	1.23	2.37	1.30
14. Quality of children's lives	7	.224	4.72	.71	4.17	.79	4.56	.78
15. Legal pressure needed	2	.282	4.46	.95	3.05	1.23	4.05	1.22
Group Centroids			.75		-1.80			

[Table 13 continued]

Note. * Did not add significantly to the prediction of reporting tendency and was excluded from the final equation.

Table 14

Crosstabulation of Propensity to Report

Scenario 4: Suspected Sexual Abuse By MHP

Gender

	MHP Gender		
	Males	Females	Total
Reporters	47.8%	64.9%	56.0%
(N)	(108)	(135)	(243)
Non-Reporters	52.2%	35.1%	44.0%
(N)	(118)	(73)	(191)
	100.0%	100.0%	100.0%
	(224)	(209)	(434)

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Table 15

Summary of Discriminant Analyses Predicting Reporting Tendency Based On Responses to Decisional Items on Scenario 4: Suspected Sexual Abuse

			Reporting Tendency					
			Reporters (n = 246)		Non-Reporters (n = 197)		Full Sample (n = 443)	
Decisional Item	Step	Coeff.	M	SD	M	SD	M	SD
1. Family is reluctant	*	*	.48	1.63	3.15	1.37	3.33	1.52
2. Therapist better suited	9	.157	.09	1.22	2.80	1.29	2.41	1.30
3. Personal regard for the law	5	-.203	.97	1.22	3.20	1.20	3.63	1.26
4. Abuse did not endanger life	7	-.180	.56	1.02	1.64	.87	1.60	.95
5. Family might file charges	8	.149	.46	.83	1.79	1.05	1.61	.94
6. Abuse is only suspected	1	.463	.40	1.30	4.35	1.00	3.26	1.53
7. Working with authorities	4	-.274	.97	1.19	2.40	1.19	3.28	1.42
8. Confidentiality is paramount	*	*	.27	1.22	2.86	1.30	2.53	1.29
9. The daughter denies the abuse	3	.449	.50	1.26	4.30	.95	3.30	1.45
10. Therapists must cover selves	11	-.084	.27	1.50	2.65	1.36	2.99	1.47
11. Low confidence in system	6	.130	.13	1.10	2.90	1.40	2.48	1.30
12. Rights and welfare of family	*	*	.91	1.35	3.70	1.19	3.83	1.29
13. Complications to therapy	12	-.075	.96	1.13	2.79	1.29	2.32	1.27
14. Quality of child's life	10	-.098	.74	.68	4.15	1.04	4.47	.90
15. Legal pressure needed	2	-.293	.57	.93	3.23	1.26	3.97	1.28
Group Centroids			-1.15		1.44			

(Table 15 continued)

Note. * Item did not add significantly to the prediction of reporting tendency and was excluded from the final equation.

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Table 16

Consistency of Response On Decisional Items Across Scenarios

	Decisional Item Means and (SDs)				
Decisional Item	Known Emotional	Known Sexual	Known Physical	Suspected Sexual	α
1. Family status in therapy (good, poor)	2.93 (1.42)	2.29 (1.44)	3.14 (1.56)	3.32 (1.52)	.67
2. Therapist better suited	3.16 (1.41)	1.83 (1.10)	2.55 (1.36)	2.40 (1.29)	.78
3. Personal Regard for the Law	3.32 (1.31)	3.96 (1.21)	3.77 (1.29)	3.62 (1.27)	.87
4.Endangered Child's life (did, did not)	2.65 (1.33)	1.47 (1.03)	3.53 (1.62)	1.60 (.96)	.45
5.Parents might file charges	1.39 (.79)	1.37 (.80)	1.55 (.89)	1.60 (.94)	.79
7. Authorities provide intervention	2.67 (1.41)	3.75 (1.41)	3.36 (1.39)	3.28 (1.41)	.74
8. Confidentiality is paramount	2.69 (1.28)	2.11 (1.28)	2.38 (1.26)	2.53 (1.28)	.87
10. Therapists must cover themselves	2.82 (1.38)	3.29 (1.52)	3.15 (1.50)	3.01 (1.46)	.87
11. Low level of confidence in system	3.25 (1.47)	2.15 (1.17)	2.42 (1.30)	2.47 (1.30)	.78

[Table 16 continued]

12. Rights and welfare of all family	3.78	4.23	4.27	3.81	.77
	(1.13)	(1.18)	(1.06)	(1.29)	
14. Quality of life of the child	4.30	4.71	4.55	4.47	.74
	(.91)	(.72)	(.78)	(.91)	
15. Legal pressure may be needed	3.23	4.58	4.04	3.97	.62
	(1.33)	(.92)	(1.23)	(1.28)	

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